

Internship Site and Preceptor Notification

NOTE: Two forms, a "Preceptor Evaluation and Certification of Experience" (DOH 690-095) and "Intern Site .. Evaluation Report" (DOH 690-054) must be submitted to the Board office no later than thirty (30) days after completion of an internship experience.

Name of Intern _____

Street Address _____

City _____ State _____ Zip _____

Intern Registration Number _____

Date intern hours will start to accrue _____

Internship Site _____

Street address _____

City _____ State _____ Zip _____

Name of Preceptor _____

Pharmacist License Number _____

SIGNATURE OF INTERN

DATE